Government of West Bengal

Regional Institute of Printing Technology

Raja Subodh Chandra Mullick Road, Jadavpur, Kolkata 700032 Email: <u>ript.admiasiona@wbacta.ac.in;</u> Phone: 033 2414 6432 / 9163020773 Affix recent Color Attested Photograph

Application Form for Students of others States (ER Form)

App Last	lication for admission in the 1" year Date of sending documents: 25.1	ir in Printing Technology/Photograpi 0.2021(Application to be filled in by	hy for the session 2021-22 the candidate, duly verified by Guardian/State Govt. Medical Certificate is to furnish)
1.	Name of the Candidate (In Block		Gender : M/F
2.	Address in full (Permanent) (wit	h Phone No/Email ID):	
3.	Father's Name, Occupation and	Address (with Phone No/Email ID):	
4.	Mother's Name, Occupation and	address(with Phone No/Email ID):	Í
5.		n in Kolkata (with Phone No/Email I	
6.	Date of Birth:	Age as on 01.01.2021:	Whether SC or ST or OBC:
7.	Exam Passed:	Year:	Division & % of Marks:
8.	Name of the course in which ad	mission is sought:	- Vision & A of Alans.
9. I do	hereby declare that the above si	tatements are true to the best of n	y of Seats). One has to apply separately after admission in the institute): YES/NO is of exam passed, income certificate are to be enclosed my knowledge. I undertake that if admitted I shall abide by the rules and regulations
seat stud Insti Host is a d	over there and I will continue mentship/boardership is liable to little has only boys' hostel, the nuttel and if the seat is not available criminal offence and I will submit it	ind Hostel authority (if hostel seat is by study as a day scholar by arrangi be cancelled and the decision of ti mber of seats in which is very limite I will attend my classes as a day sch affidavit in respect of anti-ragging di	ing my stay in Kolkata on my own. I also agree to pay fees regularly failing which my own. I also agree to pay fees regularly failing which my he institute/Hostel authority will be final and binding on me. I understand that the did and after taking the admission in the Institute I shall have to apply separately for the tolar on my own arrangement in Kolkata. I further declare that I am aware that ragging eclaration in prescribed format and will abide by the said declaration in letter and spirit. I understand that if I am found Color Blindness, I will not be allowed for admission.
	LARATION OF FATHER/GUARDIA		Signature of the Student
face suffe	nce and I shall submit affidavit alo s disciplinary actions (which may ers from sickness, I will immediat	ong with my ward in respect anti ra include even suspension/dismissal) ely attend Institute/Hostel on recei	surance of paying all fees in time strictly. I am fully aware that the ragging is a criminal agging declaration. I declare to abide by the decisions of the authority in case my ward against him/her for violating rules and regulations of the Institute/ hostel. If my ward ipt of such intimation take him/her from Institute/Hostel for proper treatment. I also ness. Latest valid income certificate is enclosed
Date	************		Signature of the Father/Guardian
TO	BE FORWARDED BY THE DIRECTOR	RATE/DEPARTMENT OF THE RESPEC	
Insti	(mother) has been selected for itute of Printing Technology Kolk nitted, is subject to the maintenan	or admission to the 3 year full time ata for 2020-21 academic session	ter of
	e Ufficate of the medical fitness by t	he Registered Medical Practitioner	Signature of the competent authority Name, designation with office seal (May be given separately)
a)		•	b) Sex c) HeightKgs
e) Cold	Chest with full Inspirationor Blindness (clearly mention Color Blindness admission will not be	blindness or No Color blindness	this test may be repeated in the institute, if found suffering from Color
Date	e,		Signature of the Medical Officer with office seal and Registration No.
prot	libited. 3) Ragging is strictly prohibited.	4) For Boarders of Hostel (If the seat is a	nd 50% marks in internal sessional to appear exam in each semester 2) Drinking/Smoking is slibited in case of vacancy in the Hostel), Joining in the Mess (run by students) is compulsory. be arranged by the borders from outside. Consuming alcohol or smoking and any kind of drug night

stay in the outside of hostel OR keeping guest without permission and staying in Hostel during vacation is not allowed. Each student and every parent also need to submit an affidavit

/online undertaking every academic year at www.antiragging.in and www.amanmovement.org

UNDERTAKING BY THE PARENT/GUARDIAN

I, Mr./Mrs./Ms. (full name of Parent/Guardian) father/mother/guardian of Mr./Mrs./Ms. (full name of student with admission/registration/enrolment number) having been admitted to (name of the institution), have received a copy of the AICTE Regulation on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulation") carefully read and fully understood the provisions contained in the said Regulations.			
 I have, in particular, perused Clause 4 of the Regulation and am aware as to what constitutes ragging. 			
I have also, in particular, perused Clause 5(4) and Clause 8(4)(a) of the Regulation and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.			
I hereby solemnly aver and undertake that a) My ward will not indulge in any behavior or act that may be constituted as ragging under Clause 4 of the Regulations. A second will not posticionte in an abot or propagate through any act of commission or			
b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under Clause 4 of the Regulations.			
I hereby solemnly affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 8(4)(a) of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.			
I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that the admission of my ward is liable to be cancelled.			
Declared this day ofmonth ofyear.			
Signature of Parent/Guardian.			
Name Address			
Mob./Tel.No			

UNDERTAKING BY THE STUDENT

l, (<u>full name of student with admission/registration/enrolment number)</u> s/o d/o Mr./Mrs./Ms			
institution), have received a copy of the AICTE Regulation dated 1.7.2009 on Curbing the Menace of Ragging in Higher Educational Institutions, (hereinafter called the "Regulation") carefully read and fully understood the provisions contained in the said Regulations.			
2) I have, in particular, perused Clause 4 of the Regulation and am aware as to what constitutes ragging.			
I have also, in particular, perused Clause 5(3) and Clause 8(4)(a) of the Regulation and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.			
 I hereby solemnly aver and undertake that a) I will not indulge in any behavior or act that may be constituted as ragging under Clause 4 of the Regulations. b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under Clause 4 of the Regulations. 			
5) I hereby solemnly affirm that, if found guilty of ragging, I am liable for punishment according to clause 8(4)(a) of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.			
I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.			
Declared this day ofmonth ofyear.			
Signature of Student. Name			